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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

none *HP* (2/22/5)

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none *HP* (2/22/5)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

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## TITLE

Source/drain adjust implant

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